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05/05/2004

Gary L. Loser
Varian Semiconductor Equipment Associates, Inc.
35 Dory Road
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Cheryl Purcell

(Depositor's name)

(Signature)

August 3, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/050,743	01/16/2002	Jay T. Scheuer	V0077/7219 WRM	7715

TITLE OF INVENTION: ADJUSTABLE CONDUCTANCE LIMITING APERTURE FOR ION IMPLANTERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HASHMI, ZIA R	2881	250-492210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Varian Semiconductor Equipment Associates, Inc. Gloucester, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 500896 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Date)



8/2/04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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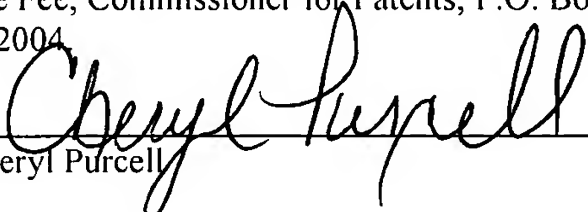
DOCKET NO: VSEA 16-00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jay T. Scheuer et al.
Serial No: 10/050,743
Confirmation No: 7715
Filed: January 16, 2002
For: ADJUSTABLE CONDUCTANCE LIMITING APERTURE FOR
ION IMPLANTERS
Examiner: Zia R. Hashmi
Art Unit: 2881

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to, Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 3rd day of August, 2004.


Cheryl Purcell

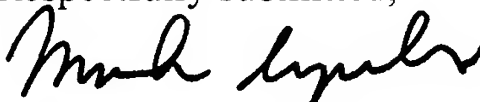
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Sir:

Transmitted herewith are: Issue Fee Transmittal, Part B; and Return Receipt
Postcard.

If the enclosed papers are considered incomplete, it is respectfully requested that the undersigned attorney be contacted at 978-282-5915. All required fees may be charged to Deposit Account No. 50-0896. A duplicate of this sheet is enclosed.

Respectfully submitted,



Mark A. Superko
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978-282-5915